



## Communications of the European Society for Child and Adolescent Psychiatry

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### Past, present, and future steps in child abuse and neglect issues: the Serbian journey

“...Child abuse will only stop when children like me become significant to everyone...”

(Marko, 9 years)

Child abuse and neglect represent some of the most serious and enduring global phenomena, associated with deleterious outcomes. Early maltreatment may lead to severe medical, neurobiological, cognitive, emotional, and social consequences throughout the individual's life span [1, 2]. The World Health Organization (WHO) reports data on 34,000 homicidal deaths among children under 15 years of age each year, with 20 % of women and 5–10 % of men reporting histories of sexual abuse, and 23 % of individuals reporting experiences of physical abuse in childhood [3]. In Europe, 55 million children are victims of emotional abuse, 44 million of physical abuse, and 18 million of sexual abuse [4]. It is widely recognized that reported estimates of child maltreatment may only be the tip of the iceberg, representing rather the efficiency of the system for the detection of violence, as well as societal visibility of the problem, than true indicators of the frequency [5, 6]. The scope of the problem implies the importance of prevention programs worldwide [7]. In Serbia, a country which has undergone significant transitional and socio-political turbulence, efforts against child maltreatment have traveled a step-by-step journey, with some important milestones already achieved, and many more to aspire to.

### Efforts in recognition, definition, legislation, and prevention

Among the first local researchers on child maltreatment, Eduard Mihael wrote about several cases of children rape, and their death from it in the Serbian Archives of Medicine [8, 9]. In the period before the 1990s, awareness of children's rights and child abuse and neglect was low, with no reporting or registration of these incidents, no interagency collaboration to meet the child's needs, and with a lack of professional skills in child protection. The healthcare system had no means of distinguishing child abuse and neglect as separate entities, and sporadic attempts at treatment were made without collaboration with other agencies. In the next 10 years, a more systematic training of professionals in the social and health sectors was accomplished, including the education of professionals within health institutions, and the first steps were made to establish a network. However, there was still a lack of extensive training in the educational sector, the legal system and police. After the Convention of the Rights of the Child was ratified (1990), the new era of combating child maltreatment in Serbia (starting from year 2000) brought dramatic positive changes and milestones. Along with the emerging mental health reform in Serbia [10], the National Action Plan for Children was adopted in 2004, National Millennium Development Goals in 2007, and the National Youth Strategy in 2008, emphasizing the protection of children from violence as one of the specific and prioritized goals [11].

Responding to the need for precise instructions on the actions in the case of suspected child maltreatment, the General Protocol on Protection of Children from Abuse and Neglect was adopted in 2005, closely defining the framework for approaching the problem of child abuse and neglect, and being mandatory for every individual and all the state institutions [12]. The need for an efficient inter-sectorial cooperation network was covered by the creation of Special Protocols for the Protection of Children from Abuse and Neglect (for the social welfare system and the police in 2006, for the education sector in 2007, for the healthcare system and legal institutions in 2009).

The special protocol for the healthcare system to protect children from abuse and neglect (for healthcare institutions and healthcare workers) was implemented in 2009 [13]. It refers to the creation and training of teams for the protection of children against abuse and neglect within institutions in all levels of healthcare, with primary healthcare services having an exceptionally important role, not only in prevention, early detection, registration, and treating the consequences, but also in referring cases to secondary and tertiary institutions as well, since primary healthcare has close and continuous contact with the general population [14]. Healthcare workers are obligated to take care of and report suspected cases to the team of experts, established in the catchment area's services, according to the Protocol, based on the specific character of the institution and its social environment. The role of such teams is to recognize and report cases of child abuse and neglect, to assess risks, needs, the existing condition of the child and the family, and to plan protective and treatment interventions.

As detection and registration is the significant first step leading to further interventions, the pilot project "Establishment of a Sustainable System of Reporting on the Protection of Children from Abuse and Neglect within the Healthcare System of the Republic of Serbia" was implemented in the period May–October 2013, with the participation of 13 healthcare institutions and 4 university centers throughout the country. A central national-level database model has been created (with data accessibility for all authorized users as well as the wider public), and the appropriate modern tools for collecting and reporting data by the expert teams were developed. In the following time period, the networking of all healthcare institutions through this information system is planned, as a prerequisite of obligatory reporting on violence against children, according to the draft Law on Health Documentation and Healthcare Records.

### Statistical data from registries

According to the data from the aforementioned project registry, since October 2013 and up to the end of February

2014, ten institutions responded by inputting 404 questionnaires and registering 367 children with suspected abuse and neglect (337 were registered once, and 30 were registered more than once—25 twice, 3 of them three times and 2 of them four times). A team for the protection of children from abuse and neglect, which was established in one of the leading national mental health institutions, registered 734 cases in the period 2000–2011 [15], with 11.3 % primarily referred by a psychiatrist under the diagnosis of T74 of the ICD-10 classification, 2.5 % referred directly or due pre-existing mental health problem with already registered abuse or neglect, and 86.2 % first detected during the psychiatric treatment in this institution. At the moment of registration, physical abuse was present in 50.2 %, emotional abuse in 64.7 %, sexual abuse in 18.3 %, neglect in 31.5 %, and child exploitation in 0.9 %, with different types of maltreatment frequently co-existing.

### Data from research surveys

Some of the first research efforts in the domain of violence against children derived from studies in 1997 [16], assessing children from the general population and their families, in kindergartens, schools and social institutions for the protection of children without guardians and educationally neglected children, as well as analyses of the cases of violence and from the registers of social welfare institutions, and of media contents related to violence against children. The results emphasized the possible frequency of physical and verbal abuse, rough discipline, neglect and inappropriate touching. The potential scope and significance of the problem were further highlighted by data from a qualitative study on children and adolescents from seven municipalities, assessing perceptions and beliefs on abuse [17].

More recent research activities derived from the wider project conducted in nine countries of the Balkans (The Balkan Epidemiological Study of Child Abuse and Neglect—BECAN) [4, 6], which included 42,272 children and adolescents aged from 11 to 16 years. Serbian data were collected in 2011, from 4,027 children and adolescents [6], and referred to the presence of at least one experience of psychological violence in 68.44 %, of physical violence in 69.18 %, of neglect in 28.83 %, and of sexual violence in 8.49 %. These prevalences were comparable to some of the other countries. The general violence prevalence was higher with increasing age, with psychological violence and neglect more frequent in females, and sexual violence more frequent in males. The typical perpetrator of psychological and physical violence was a female adult, whereas perpetrators of sexual violence were mostly male peers. Psychological and physical

violence, as well as neglect, were more frequent in urban areas. National data from another study [18] reveal the exposure to psychological aggression or physical punishment during the previous month in 43.1 % of the children aged 1–14 years, and of 65.9 % in Roma settlements.

Some of the latest research efforts were related to specific aspects of child abuse and neglect, such as psychopathology and resilience in relation to abuse in childhood among youth first referred to a psychiatrist [19], highlighting the difference between those who were referred for problems related to child abuse and neglect, and those referred for maltreatment non-related psychological dysfunctions. The results showed significant or marginally significant differences in females, in the domain of delinquent behavior, anxiety or depression, social problems, lower family functioning, lower insight and initiative. Another study was associated with the phenomenon of intergenerational child abuse risk, assessing the child abuse history and child abuse potential in samples from non-clinical population of parents. The findings showed a significant relationship between these two variables, highlighting the specific predictive importance of emotional abuse history [20, 21], and the partial mediator role of dissociative experiences [21]. Further investigations in this topic have been conducted in relation to the exploration of additional factors contributing to the risk of repeated child abuse in the next generation [Mitkovic-Voncina et al. unpublished results].

Future research efforts will be conducted through the ongoing study of the psychopathological and psychosocial effects of abuse among children and adolescents, as well as of relevant genetic correlates, with a prospective approach.

### Challenges in prevention efforts

Professionals obligated to protect children from abuse and neglect are still faced with various challenges, from personal to systematic. Although inefficient cooperation between sectors in child protection and methodological diversity in the care of affected children has partly been overcome with precisely defined protocols, managing partnership among services in the community is still a challenge. Child abuse management strategies are still inconsistent and registration is unequal in different parts of the country. Thorough periodical (annual) supervision of specialized teams, information updates, and public campaigns by the Ministry of Health would be extremely helpful, with the more active involvement of the leaders of primary healthcare institutions, and the establishment of an official and efficient follow-up system of child abuse and neglect in the healthcare domain. Adopting the protocol that regulates the intervention procedure in case of child abuse and neglect, enhancing professional motivation, and efforts to decrease the risk of professionals' burnout would be significant steps forward to more efficient

prevention of this pernicious phenomenon. The careful and individualized assessment of each child's best interest is of utmost importance, in order to avoid additional traumatizing of the child and the family.

### Conclusions

Healthcare professionals have always dealt with abused or neglected children, but their physical and psychological problems as a consequence of the exposure to maltreatment were not recognized enough. Over a decade, we have traveled a long journey from past, through the present and towards the future in combating child abuse and neglect. "Starting from scratch", with various strategic, practical, and research efforts invested, certain milestones have been achieved, but there is still a long way to go. There is a need for a better response of the personnel to publications and ongoing training, in terms of steady readiness to act with respect to the principles of child protection. Diagnostic instruments and procedures need to be further enhanced, especially in the domain of emotional abuse. Networking should be constantly ensured and developed, specialized services and new institutions established, with continuous supervision at the national and local level. Aside from the acute consequences of child abuse and neglect, mental health experts should always keep in mind the early trauma as the potential underlying cause of the long-term sequelae in the domain of mental functioning. Sensitized professionals with important theoretical and practical knowledge bring mental health care services to the front of child health care. Finally, a personal perspective in terms of a deep devotion to child protection is the cornerstone of any of the aforementioned processes.

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### References

- Muela A, Arana EL, Barandiaran A, Larrea I, Vitoria JR (2012) Definition, incidence and psychopathological consequences of child abuse and neglect. In: Muela A (ed) Child abuse and neglect—a multidimensional approach. Intech, Croatia, pp 1–18

2. Teicher MH, Andersen SL, Polcari A, Anderson CM, Navalta CP, Kim DM (2003) The neurobiological consequences of early stress and childhood maltreatment. *Neurosci Biobehav Rev* 27:33–44. doi:[10.1016/S0149-7634\(03\)00007-1](https://doi.org/10.1016/S0149-7634(03)00007-1)
3. World Health Organization (2014) WHO Factsheet No. 150 – Child maltreatment. World Health Organization. <http://www.who.int/mediacentre/factsheets/fs150/en>. Accessed 1 September 2014
4. Sethi D, Bellis M, Hughes K, Gilbert R, Mitis F, Galea G (2013) European report on preventing child maltreatment. WHO Regional Office for Europe, Copenhagen
5. Pinheiro PS (2006) World report on violence against children. UN Secretary General’s Study on Violence against Children. [http://www.unicef.org/lac/full\\_text\(3\).pdf](http://www.unicef.org/lac/full_text(3).pdf). Accessed 1 September 2014
6. Hanak N, Tenjovic L, Ispanovic-Radojkovic V, Vlajkovic A, Beara M (2013) Epidemiological research of violence against children in families in Serbia. *Temida* 16:75–102. doi:[10.2298/TEM1302075H](https://doi.org/10.2298/TEM1302075H)
7. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R (2002) World report on violence and health. World Health Organization, Geneva
8. Mihael E (1919) Death from abuse or by natural causes? *Srp Arh Celok Lek* 1:2–12
9. Mihael E (1912) On the rape of children. *Srp Arh Celok Lek* 5:157–170
10. Lecic Tosevski D, Pejovic Milovancevic M, Popovic Deusic S (2007) Reform of mental health care in Serbia: ten steps plus one. *World Psychiatry* 6:115–117
11. Centre for Children Rights (2008) Unfulfilled child rights in Serbia—from children and adult perspective. Centre for Children Rights, Belgrade
12. Republic of Serbia, Government, Ministry of Labour, Employment and Social Policy (2005) General protocol on protection of children from abuse and neglect. Ministry of Labour, Employment and Social Policy, Belgrade
13. Pejovic-Milovancevic M, Mincic T, Kalanj D (2012) Handbook for the application of special health service protocol for the protection of children from abuse and neglect. Institute of Mental Health, Belgrade
14. Ministry of Health, Republic of Serbia (2009) Special health service protocol for the protection of children from abuse and neglect. Ministry of Health, Republic of Serbia, Belgrade
15. Pejovic Milovancevic M, Radosavljev Kircanski J, Vidojevic O, Kalanj D, Mincic T, Stojanovic S, Vidosavljevic M (2013) The role of mental health service providers in protection from child and adolescent abuse and neglect—a Serbian example. *Pediatrics Today* 9:72–77
16. Milosavljevic M (1998) Violence against children. Faculty of Political Sciences. Čigoja štampa, Belgrade
17. Koso S, Skrijelj A, Skrijelj B, Dubaric E, Pruscevic F, Hadzic S (2005) Perceptions and beliefs of children on abuse. UNICEF Belgrade, Belgrade
18. Statistical Office of the Republic of Serbia and UNICEF (2014) 2014 Serbia Multiple Indicator Cluster Survey and 2014 Serbia Roma Settlements Multiple Indicator Cluster Survey, Key Findings. Statistical Office of the Republic of Serbia and UNICEF, Belgrade
19. Pejovic Milovancevic M, Tenjovic L, Ispanovic V, Mitkovic M, Radosavljev Kircanski J, Mincic T, Popovic Deusic S, Lecic-Tosevski D (2014) Psychopathology and resilience in relation to abuse in childhood among youth first referred to psychiatrists. *Vojnosanit Pregl* 71:565–570. doi:[10.2298/VSP1406565P](https://doi.org/10.2298/VSP1406565P)
20. Mitkovic M (2011) Abuse in childhood and adolescence as a risk factor for increased child abuse potential in adulthood. Serbian Ministry of Labour and Social Policies, Project Combating Sexual and Gender Based Violence, Belgrade
21. Mitkovic Voncina M, Lecic Tosevski D, Pejovic Milovancevic M, Popovic Deusic S (2014) Linking child maltreatment history with child abuse potential: relative roles of maltreatment types. *Arch Biol Sci* (in press)